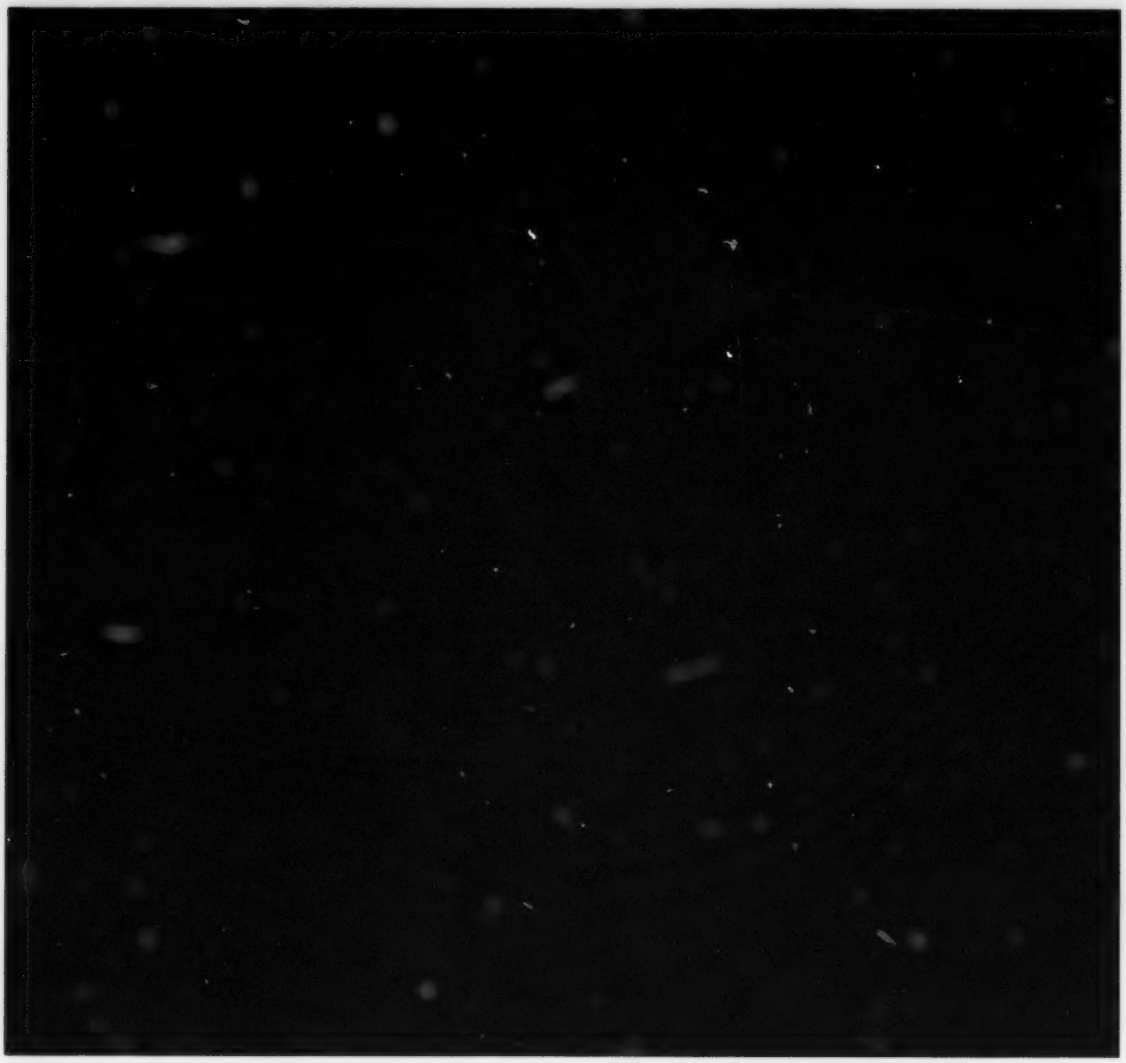

Coordination of
Child and Adolescent
Psychiatric Services
(CoCAPS)

Manitoba
Health
Child and
Adolescent
Mental Health
Services

89-03474/

Manitoba

Health

Mental Health Services
Child and Adolescent
Mental Health Services

305 — 1200 Portage Avenue
Winnipeg, Manitoba, CANADA
R3G 0T5

December, 1988

To Whom It May Concern:

Re: Child and Adolescent Psychiatric Services Resource Inventory

The Child and Adolescent Psychiatric Services Resource Inventory was developed by the Coordination of Child and Adolescent Psychiatric Services (Co-CAPS) committee and Child and Adolescent Mental Health Services (C/AMHS), Department of Health, in order to provide a compilation of psychiatric services for children and adolescents in Manitoba.

The services described in this Inventory are the designated psychiatric services available, and are intended for children, adolescents, and their families, who are in need of psychiatric assistance. This Inventory is not to be considered as a comprehensive list of services available to children/adolescent/families. This Inventory only describes a component of the mental health services available.

The goals of gathering this information and distributing to the professional user of these services are:

1) Increase the user's knowledge of existing services

2) Encourage appropriate access to these services

Co—CAPS and C/AMHS has attempted to ensure that the information contained in this Inventory is accurate. However, with the changes in the availability of resources, and the demands on these services, changes to the information in this Inventory are inevitable. Changes will be made from time to time in an attempt to keep the information as current as possible.

Because of the high demands on these programmes waiting times to access these services vary.

An Index of these services (intended for public distribution) is also available from C/AMHS.

Gord Favelle
Programme Specialist
Child and Adolescent Mental Health Services

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BRANDON MENTAL HEALTH CENTRE CHILD AND ADOLESCENT PROGRAMME INVENTORY OF SERVICES

Psychiatric, psychological, social and educational assessment and treatment in an outpatient clinic, a day school, a day treatment programme and in-hospital treatment for severely disturbed children and adolescents.

1.0 Programme Name:

ADOLESCENT DAY TREATMENT PROGRAMME

2.0 Programme Description:

2.1 General description:
Structured multi-faceted day treatment programme which operates 5 days, and 2 evenings per week.

2.2 Goals/intent of programme:

Designed to meet the emotional, behavioural and adjustment needs of adolescents who are experiencing severe disturbance. The programme uses an eclectic and holistic approach focusing on educational, individual, small group and family interventions.

2.3 Number of patient/client positions (capacity of programme):

Maximum of 9.

2.4 Number of staff positions by discipline:

CMHW(C/A)/Nurse/Co-ordinator	1 EFT
RPN	2 EFT
RPN (part-time)	1 EFT
Psychiatrist (part-time)	1 EFT
Psychologist (part-time)	1 EFT

2.5 Average length of patient/client stay:

5.3 Months

3.0 Population Served:

3.1 Total cases per year:

1985 - 26 cases

3.2 Age group of patient/client:

12 - 18 years (average age 15 years)

3.3 Most frequent diagnoses/psychopathologies treated:

Attention Deficit Disorder
Affective Disorder
Parent Child Conflicts
Abuse
Conduct Disorder
Adjustment Disorder
Identity Disorder

4.0 Referral Process:

4.1 Contact person (intake worker or equivalent):

Name: Lynda Stiles
Address: Box 420
Brandon, Manitoba
R7A 5Z5
Phone number: 726-2625

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Referrals are to be made in writing and should include:

a) Demographic data
b) Previous/current agency involvement
c) Family/social history
d) Commitment of adolescent and guardian

4.2.2 Description of intake process:

Initial screening of referral is made by Co-ordinator of Day Treatment Programme. The referral is then reviewed by the Outpatient Department for possible acceptance (and prioritization if accepted).

4.2.3 Programme admission/exclusion criteria:

Any psychiatric disorder or pathology may be referred. Programme does not accommodate the mentally handicapped, acute problems or the severely physically handicapped. Only a maximum of 30% of any one diagnosis will be accepted into the programme at any given time. The content of the therapeutic

milieu is also a consideration for admission.

4.2.4 Average waiting time from time of intake to first direct contact:

Approximately 2 weeks.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Maximum waiting period is approximately 1 month.

1.0 Programme Name:

CHILD AND ADOLESCENT OUTPATIENT DEPARTMENT

2.0 Programme Description:

2.1 General description:

To provide outpatient mental health services to children and their families in the Westman region with consultation to,and support of, existing community based services (eg. Brandon School Division, Child and Family Services) and inpatient programmes, (eg. Behaviour Therapy Unit and Admission Unit), and the Adolescent Day Treatment Programme.

2.2 Goals/intent of programme:

1) To establish a fluidly operating multi-disciplinary mental health delivery system for children;

2) To facilitate development of effective community networking to promote an integrated service delivery system for children;

3) To establish a sufficient staffing base to provide comprehensive services for children;

4) To develop multidisciplinary group programmes;

5) To develop computerized systems of data management;

6) To promote staff development with attention to the needs of our area;

7) To promote joint research projects between Adolescent Programme, Brandon School Division and Brandon University.

2.3 Number of patient/client positions (capacity of programme):

During 86/87 260 client were seen. Additionally there were 150 follow-up cases.

2.4 Number of staff positions by discipline:

CMHW (C/A)	3.0
Psychiatrist	0 (avail. for admissions & on call)
Psychologists	1.0
Social Worker	1.0 EFT
Social Work Supervisor	Part-time
Volunteer	Part-time (psychology)

2.5 Average length of patient/client stay:

Estimated to be 6 - 8 months for average case.
Estimated to be 1 - 5 years for Attention Deficit Disorder cases.

3.0 Population Served:

3.1 Total cases per year:

Approximately 250 per year.

3.2 Age group of patient/client:

0 -17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Attention Deficit Disorder
Parent-Child Problems
Depression
Adjustment Disorder
Anxiety based Disorders
Conduct Disorders
Academic Problems
Enuresis/Encopresis
Eating Disorders

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name:	Designated Intake Worker
Address:	Brandon Mental Health Centre Box 420 Brandon, Manitoba R7A 5Z5
Phone number:	726-2593

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Brief medical history and history of presenting problems.

4.2.2 Description of intake process:

Parents are expected to make contact with their family physician and the physician makes referral to the programme.

4.2.3 Programme admission/exclusion criteria:

Exclusion Criteria:

If the client is already engaged with Child and Family Services (C&FS) we prefer not to get involved unless C&FS makes a direct referral.

Second opinions are only accepted if the client allows contact with the initial assessment agency. Very few of these cases are accepted.

Kindergarten readiness assessments are not deemed appropriate use of our time unless we see an emotional basis or overtone to the case.

Inclusion Criteria (Prioritized):

Depressed-suicidal children/adolescents
Psychotic or emotionally disturbed children/adolescents
Family dysfunction
Anxiety-Based Disorders
Behaviourally Disturbed
Attention Deficit Disorder
Learning-Based Disorder

4.2.4 Average waiting time from time of intake to first direct contact:

Family Therapy Cases	2 - 3 weeks
A.D.D. Cases	4 - 6 weeks
Depression-anxiety*	1 - 2 weeks
Learning-based	2 - 6 months

* some subsumed under Family Therapy

4.2.5 **Average waiting period between completion of assessment to the beginning of treatment:**

Family Therapy Cases	1 - 2 months
A.D.D. Cases	2 - 3 months
Depression-anxiety	1 - 2 months
Learning-based	4 - 6 months

CHILD/ADOLESCENT MENTAL HEALTH SERVICES
MENTAL HEALTH DIVISION, DEPARTMENT OF HEALTH
INVENTORY OF SERVICES

1.0 Programme Name:

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

2.0 Programme Description:

2.1 General description:

Regionally based identification, assessment, treatment and crisis services in rural Manitoba for psychiatrically disturbed children and adolescents and their families. Consultation to schools, agencies, regional mental health teams on the psychiatric needs of children/adolescents and their families. Training and public education for children's mental health.

2.2 Goals/intent of programme:

The mandate of the program is to provide comprehensive mental health services to psychiatrically disturbed children and adolescents and their families, as close to the community of origin as possible.

2.3 Number of patient/client positions (capacity of programme):

No set capacity, based on a prioritization of existing caseloads and referrals.

2.4 Number of staff positions by discipline:

11 Community Mental Health Worker (Child/Adolescent) positions distributed in rural/northern Manitoba.

2.5 Average length of patient/client stay:

Worker involvement may vary from brief consultation to long-term therapy and case management.

3.0 Population Served:

3.1 Total cases per year:

Varies from 900 to 1200

3.2 Age group of patient/client:

0 to 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Diagnosis	Number (Exact)		
	1984	1985	86/87
Conduct Disorder	113	150	87
Affective Disorders	163	135	62
Family Problems	57	123	23
Parent/Child Problem	81	114	188
Suicidal	87	87	58
Abuse	54	67	43
Anxiety related	55	63	31
Adjustment Disorder	40	59	52
Oppositional Disorder	32	45	25

4.0 Referral Process:

4.1 Contact person (intake worker or equivalent):

Director (Winnipeg)
Child and Adolescent Mental Health Services
Dr. Keith Hildahl
Room 305, 1200 Portage Ave.
WINNIPEG, MANITOBA
R3G 0T5
945-5040

Central (North)
Barry DYER
25 Tupper St. N.
PORTAGE LA PRAIRIE, MANITOBA
R1N 3K1
857-9711

Central (South)
Ron LAVERTY
Box 968
MORDEN, MANITOBA
R0G 1J0
325-8692

Eastman (North)
Dennis ADAMS
Box 50
BEAUSEJOUR, MANITOBA
ROE OCO
268-1411

Eastman (South)
Barb GAJDEK
Box 2560
STEINBACH, MANITOBA
R0A 2A0
326-1363

Interlake (East)
Randall KLAPRAT
446 Main St.
SELKIRK, MANITOBA
R1A 1V7
482-4511

Interlake (West)

Box 280
STONEWALL, MANITOBA
R0C 2Z0
467-5535

Norman (The Pas)

Box 2550
THE PAS, MANITOBA
R9A 1M4
623-6411

Norman (Flin Flon)
Keith McKINNON
Box 550, Church St.
FLIN FLON, MANITOBA
R8A 1N4
687-3457

Parklands (North)

Box 1028
SWAN RIVER, MANITOBA
R7N 1R8
734-3495

Parklands (South)
Kim CORKAL
707 3rd St. S.W.
DAUPHIN, MANITOBA
R7N 1R8
638-8785

Thompson
Wendy ROBILLARD
871 Thompson Dr.
THOMPSON, MANITOBA
R8N OC8
778-7371

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Name(s) of parent/guardian, date of birth, and description of presenting problem(s).

4.2.2 Description of intake process :

Referral/intake process varies from region to region. Referrals are made either directly to the CMHW (C/A) or to the Mental Health Team for a central intake.

4.2.3 Programme admission/exclusion criteria:

Any psychiatric disorder or pathology may be referred. Referrals may be prioritized according to severity of illness/diagnosis.

4.2.4 Average waiting time from time of intake to first direct contact:

Varies from region to region and depends on priority of case.

4.2.5 **Average waiting period between completion of assessment to the beginning of treatment:**

Usually no waiting period, as the assessment and treatment is usually done by the same worker.

CHILDREN'S FORENSIC INVENTORY OF SERVICES

1.0 Programme Name:

CHILDREN'S FORENSIC SERVICES

2.0 Programme Description:

2.1 General description:

Children's Forensic Services is responsible for the provision of consultations and assessments to the Youth Court, Probation Services, Aggasiz Centre for Youth and the Manitoba Youth Centre. Additional responsibilities may include the provision of treatment for the youth detained at the Manitoba Youth Centre.

2.2 Goals/intent of programme:

To assist the Youth Court and Youth Correctional System in assessing and assisting young offenders.

2.3 Number of patient/client positions (capacity of programme):

126 consultations were provided to Probation Services and the Youth Court.
244 consultations were provided to other services.

2.4 Number of staff positions by discipline:

Senior Psychiatric Consultant	0.5
Psychiatrists	0.75
Psychologist	1.0

2.5 Average length of patient/client stay:

3.0 Population Served:

3.1 Total cases per year:

370 consultations

3.2 Age group of patient/client:

12 - 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Conduct Disorders
Organic Disorders
Substance Abuse
Psychosis
Adjustment Disorders
Depressive Neurosis
Borderline Personality Disorders
Learning Disabilities
Intellectual Deficits

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Senior Psychiatric Consultant
Address: 170 Doncaster St.
Winnipeg, Manitoba
R3N 1W4
Phone number: 945-8180

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Court protocol dictates the information required. Referrals coming from Probation or M.Y.C. or A.C.F.Y. require as much information as is available.

4.2.2 Description of intake process:

Referral information is initially screened by intake secretary and Senior Psychiatric Consultant to verify it's adequacy. Appropriate referrals are assigned to the appropriate clinicians.

4.2.3 Programme admission/exclusion criteria:

Referrals can only come from the court, Probation, M.Y.C., or A.C.F.Y.

4.2.4 Average waiting time from time of intake to first direct contact:

Determined by Court order.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

CHILD GUIDANCE CLINIC OF GREATER WINNIPEG (PSYCHIATRIC COMPONENT) INVENTORY OF SERVICES

1.0 Programme Name:

CHILD GUIDANCE CLINIC OF GREATER WINNIPEG

2.0 Programme Description:

2.1 General description:

An out-patient service is available to students of the nine Greater Winnipeg School Divisions during the school term, which is funded by the Department of Education. Psychiatric services are provided for programme, agency and client centered consultation by the Department of Health, throughout the year. There is no provision for emergency treatment. The clinic operates from 8 A.M. to 4 P.M., Monday to Friday, when schools are in operation. Individual clinicians operate outside these times.

2.2 Goals/intent of programme:

The goals are to provide multidisciplinary clinical support services for children with special needs to school systems. This is accomplished by providing preventative, consultative, diagnostic, and direct treatment.

2.3 Number of patient/client positions (capacity of programme):

The programme capacity varies from area to area, dependent upon the number and profession of the clinical staff. Clinician to pupil ratios range from 1:459 (Winnipeg School Division #1) to 1:1009 (Assiniboine South). Caseloads range from 40 to 150, with the average being from 65 to 70 per clinician. One third of these cases are deemed intensive, but it is not always possible for these needs to be met fully. Psychiatric caseloads vary dependent upon clinical hours available and area consultative requirements.

2.4 Number of staff positions by discipline:

Speech and Hearing	48.60	
Social Workers	43.75	
Psychologists	43.75	
Reading	20.50	
Psychiatry	5.0	(EFT)
Attendance Officers	3.0	

2.5 Average length of patient/client stay:

Contact with patients ranges from a single consultation to long-term follow-up of many years. Usual contact is an assessment followed by brief therapy or monitoring of medications.

3.0 Population Served:

3.1 Total cases per year:

Total cases per year clinic wide - 11,358 (85-86)
New intake cases - approximately 5000/year
Psychiatric direct service varies from approximately 350 to 450 cases per year.

3.2 Age group of patient/client:

Under 7	41%
8 to 11	33%
12 to 15	16%
16 and over	40%

3.3 Ten most frequent diagnoses/psychopathologies treated:

Referral frequency by diagnosis at the clinic level are:

Behaviour	24%
Learning	23%
Family	18%
Speech and Hearing	16%
Placement (academic)	9%
Medical	4%
Visual/handicap	2%

The psychiatric diagnostic frequency is estimated as:

Attention Deficit Disorder	40%
Conduct Disorder	20%
Affective Disorder	15%
Learning Disability	<15%
Suicidal Assessment	<15%
Anxiety Neurosis	<15%
Dysfunctional Milieu	<15%
Psychosis	<5%
Intellectual Deficits	<5%

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Area Service Director (state the school)
Address: 700 Elgin Ave., Winnipeg, R3E 1B2
Phone: 786-7841

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Child and family identifying data base; reason for referral (descriptive); remedial action of school personnel; results of parental contact; parental permission; assistance expected; school record (academic and behaviour as appropriate); previous schools; standardized test results; referrals, medical uniqueness; family physician and other agencies involved.

4.2.2 Description of intake process:

Intake process begins with clarification and prioritization of the referral by the referral clerk and Area Service Director; assignment of a case manager at the multidisciplinary team meeting; assessment and intervention as soon as possible by the most appropriate clinician.

4.2.3 Programme admission/exclusion criteria:

Referral to Psychiatry occurs for cases in which there is a suspected organic or psychiatric etiology for the disturbance of academic, behavioural, social, or personal growth and difficulties in the maintenance of a normal appropriate mental state or adaptive capacity.

4.2.4 Average waiting time from time of intake to first direct contact:

The normal period of time between the initial referral and clinical contact is under 4 weeks in 25% of the cases and the majority are in 4 to 6 weeks (except in urgent cases in which contact is immediate). The usual waiting time for psychiatric intervention from the CGC clinician's request ranges from 1 to 4 weeks depending upon the case priorities at that time.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Treatment begins immediately upon completion of assessment, if caseloads demands allow.

5.0 Source of Referrals:

Teachers	54%
Principals and Counsellors	23%
Other Agencies	9%
Parents	7%
CGC Personnel	4%
Medical	2%
Self-Referral	1%

EDEN MENTAL HEALTH CENTRE
INVENTORY OF CHILDREN'S SERVICES

1.0 Programme Name:

EDEN MENTAL HEALTH SERVICES

2.0 Programme Description:

2.1 General description:

A wide range of inpatient and outpatient mental health services are provided including assessment and therapy for children, adolescents and their families.

2.2 Goals/intent of programme:

To provide comprehensive mental health services for adults and to also provide mental health services to children and adolescents to the degree that resources allow. The goal is to provide both direct services to children and their families as well as to provide consultation services for others who work with children in the schools and community.

2.3 Number of patient/client positions (capacity of programme):

Facilities for inpatient assessment and care of children are not available. A small number of older adolescents have been treated in the adult inpatient unit. There is no set capacity regarding the number of children and adolescent outpatients.

2.4 Number of staff positions by discipline:

One psychologist was recently assigned on a 0.5 basis to provide services for children and adolescents. In addition, to other outpatient and community mental health staff of Eden Mental Health Centre (including psychiatric, psychology and social work staff) have children and adolescents within their caseloads.

2.5 Average length of patient/client stay:

N/A

3.0 Population Served:

3.1 Total cases per year:

3.2 Age group of patient/client:

All ages

3.3 Ten most frequent diagnoses/psychopathologies treated:

Among 0-18 year olds, the most frequent problems were:

Anxiety disorders
Adolescent adjustment disorders
Eating disorders
Sexual abuse victims
Depression
Schizophrenia
Family problems
Conduct disorder

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Regarding children contact:

Name: Mr. Guido Faralli
Address: Eden Mental Health Centre
Box 1300
Winkler, Manitoba
R0G 2X0
Phone number: 325-4325

Families may also contact the relevant community mental health social workers:

Morden	Winkler	Altona
Heather Corbett	Carolyn Peters	Daphne Andrew Peers
Ph: 822-5425	or Walter Wiebe	Ph: 324-8449
or 325-4325	Ph: 325-4325	or 325-4325

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Whatever relevant information is available, for example:

Name, date of birth, name(s) of parent/guardian, description of presenting problem, previous assessments and interventions. It is helpful to receive information in written form.

4.2.2 Description of intake process:

Arrangements for an initial appointment can be made in response to a phone call or letter from the parents, an older adolescent for himself, the school, physician or other care giver. The letter (of referral) should be sent if the referring source wants written feedback.

4.2.3 Programme admission/exclusion criteria:

Any mental health related problem may be referred.

4.2.4 Average waiting time from time of referral to first direct contact:

This could vary from several days to several weeks. If the referral is to a psychiatrist, it cold be several months. (Note: referrals to a psychiatrist would have to be made by a medical doctor).

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Usually no waiting period, since the assessment and treatment are usually done by the same worker.

HEALTH SCIENCES CENTRE INVENTORY OF SERVICES

I. CHILD AND ADOLESCENT PSYCHIATRY

1.0 Programme Name:

FW3 CRISIS AND COMMUNITY INTERVENTION UNIT

2.0 Programme Description:

2.1 General description:

FW3 is a crisis intervention unit that backs the Emergency Department of Children's Hospital. FW3 consists of three components: an inpatient unit, a limited day treatment programme, and an outpatient follow-up programme. The inpatient and day treatment components admit children and adolescents who can not be dealt with on an ambulatory basis, and require a short admission for assessment and/or crisis intervention.

2.2 Goals/intent of programme:

The primary goal of 3W is prompt and successful community reintegration, and crisis-oriented follow-up, as staffing permits.

2.3 Number of patient/client positions (capacity of programme):

At present, FW3 has 6 inpatient beds, and a very limited capacity for crisis day treatment and outpatient follow-up.

2.4 Number of staff positions by discipline:

Child Psychiatrists	1.25
Psychiatry Residents	1.0
Psychologist	1.0
Occupational Therapist	1.0
Social Worker	1.0
Head Nurse	1.0
Nurses	7.0 EFT
Child Care Workers	2.0

2.5 Average length of patient/client stay:

The average length of patient stay for the inpatient and day treatment components is 7-10 days. After discharge, suicidal patients are followed for one year with follow-up telephone calls. Other individuals/families are followed for three months. Some adolescents are also

enrolled in a social skills group and/or outpatient classroom after discharge, and then followed on an open-ended basis as indicated.

3.0 Population Served:

3.1 Total cases per year:

About 150 patients per year.

3.2 Age group of patient/client:

About 5 to 16

3.3 Most frequent diagnoses/psychopathologies treated:

Suicidal (75%)
Attention Deficit Disorder
Conduct Disorder/Aggressive Behaviour
Psychosis
Psychosomatic Problems (Anorexia Nervosa, Asthma, Diabetes)
Onocology cases
Parent-Child Problems

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

a) for psychiatric emergencies:

Name: Crisis and Community Intervention Unit
Address: 685 William Ave.
Phone number: 787-2625 or 787-2626

or

Name: Children's Hospital Emergency Department
Address: 840 Sherbrook Street
Phone number: 787-4244

b) for inpatient or day treatment assessments:

Name: Tom Roche (social worker)
Address: 685 William Ave.
Phone number: 787-2480

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

a) for psychiatric emergencies:

No special information is required at point of intake.

b) for inpatient or day treatment assessments:

Intake meeting is arranged to discuss information required.

4.2.2 Description of intake process:

a) for psychiatric emergencies:

All patients are admitted through Children's Hospital Emergency. The focus of the admission is mainly case management, crisis intervention, and follow-up of recommendations by the team.

b) for inpatient or day treatment assessments:

An intake meeting is arranged with the referral sources, the family and the child. The reasons for the assessment are discussed.

4.2.3 Programme admission/exclusion criteria:

Age restrictions only.

4.2.4 Average waiting time from time of intake to first direct contact:

a) for psychiatric emergencies:

There is immediate initial direct contact after intake.

b) for inpatient or day treatment assessments:

The waiting period between initial contact and admission is variable, and depends on the availability of beds.

4.2.5 **Average waiting period between completion of assessment to the beginning of treatment:**

1.0 **Programme Name:**

CHILD PSYCHIATRY DAY TREATMENT PROGRAMME

2.0 **Programme Description:**

2.1 **General description:**

The Day Treatment Programme is an individualized multi-disciplinary psycho-educational programme for children with a diagnosis of Pervasive Developmental Disorder. The programme is committed to a policy of normalization.

2.2 **Goals/intent of programme:**

The programme provides education for the children and (where indicated) therapy and support for the children and their families. The goals are to facilitate the development of sufficient communication, social skills, behavioural controls, and academic readiness to allow integration into the community wherever possible.

2.3 **Number of patient/client positions (capacity of programme):**

14

2.4 **Number of staff positions by discipline:**

Psychiatrist	0.5
Psychologist	0.4
Social Worker	1.0
Teacher	3.0
Occupational Therapist	1.0
Nurse	1.0
Other (child care workers & teacher's aide)	3.0

2.5 **Average length of patient/client stay:**

2 years

3.0 **Population Served:**

3.1 **Total cases per year:**

12-15

3.2 **Age group of patient/client:**

5-13 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Not applicable as programme only admits children with the diagnosis of Pervasive Developmental Disorder.

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Della Beattie
Address: Department of Social Work
685 William Ave.
Winnipeg, Manitoba
Phone number: 787-2480

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Previous assessments.

4.2.2 Description of intake process:

4.2.3 Programme admission/exclusion criteria:

The child must demonstrate significant developmental delays, particularly in the areas of language development and social relationships.
It must be shown that the child's needs could not adequately be met within a less restrictive setting.
The child must be living in a setting which is stable enough to allow the maximal benefit to be obtained from the Day Treatment Programme.
A child's diagnosis must be Pervasive Developmental Disorder, rather than Mental Retardation.

4.2.4 Average waiting time from time of intake to first direct contact:

4 - 12 weeks

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Admissions occur twice yearly in September and January when possible.

1.0 Programme Name:

CHILD PSYCHIATRY NEUROPSYCHIATRY PROGRAMME

2.0 Programme Description:

2.1 General description:

The programme consists predominantly of consultations to professionals who have previously assessed the child and require a psychiatric assessment and/or neuropsychological evaluation to form a diagnosis and/or treatment plan. Brief individual and family therapy is offered for selected cases. Neuropsychological follow-up evaluations of children who have suffered head injuries or cerebral surgery are also provided.

2.2 Goals/intent of programme:

2.3 Number of patient/client positions (capacity of programme):

variable

2.4 Number of staff positions by discipline:

Psychiatrist	Part-time
Psychologist	Part-time
Teacher	Part-time
Psychiatry Resident	Part-time
Psychology Intern	Part-time

2.5 Average length of patient/client stay:

1) Most patients are seen solely for assessments. The time taken to complete the assessments is variable.

2) Brief treatments are offered on a limited basis. They are usually less than six months in duration.

3) Follow-ups for selected cases are offered on an open-ended basis, as indicated.

3.0 Population Served:

3.1 Total cases per year:

20

3.2 Age group of patient/client:

0 - 17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Pervasive Developmental Delay
Epilepsy
Migraine
Attention Deficit Disorder
Mental Retardation
Specific Developmental Disorders
Head Injury/Organic Brain Syndrome
Conduct Disorders
Parent-Child Problems

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Sharon Shaydak (Secretary)
Address: Health Sciences Centre
685 William Ave.
Winnipeg, Manitoba
Phone number: 787-2469

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Previous assessments.

4.2.2 Description of intake process:

The family is asked to fill out forms requesting demographic information.

4.2.3 Programme admission/exclusion criteria:

Only children with cerebral dysfunction and/or neuropsychological dysfunction are admitted to the programme.

4.2.4 Average waiting time from time of intake to first direct contact:

4 - 12 weeks

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Immediate if opening available.

1.0 **Programme Name:**

CHILD AND ADOLESCENT PSYCHIATRY OUTPATIENT SERVICES

2.0 **Programme Description:**

2.1 **General description:**

The outpatient services, which is presently composed of two teams, provides multi-disciplinary, eclectic mental health diagnostic and treatment services to children 0 - 18 years and their families, as well as consultative services to community agencies and physicians.

2.2 **Goals/intent of programme:**

The goal is to provide these services in keeping with the policies of a tertiary care setting. In particular the mandate is provide brief interventions, whenever possible, with referrals to community resources as indicated. A limited amount of long-term treatment is provided to satisfy psychiatry residency training needs.

2.3 **Number of patient/client positions (capacity of programme):**

Team I	Team II
118	60 patients/month

2.4 **Number of staff positions by discipline:**

	Team I	Team II
Psychiatrist	1.0	0.5
Psychologist	1.0	minimal
Social Worker	-	1.0
Teacher	1.0	0.5
Nurse	1.0 EFT	1.0 EFT
Occupational Therapist	0.5	-
Psychiatric Resident	0.5-1.0	0.5

2.5 **Average length of patient/client stay :**

Team I	Team II
27 days	6 months

3.0 Population Served:

3.1 Total cases per year:

Team I

118 patients - 1,250 patient contact hours (1986)

Team II

3.2 Age group of patient/client:

0 - 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Adjustment Disorder with Depressed Mood
Parent Child Problem
Adjustment Disorder with Disturbance of Emotions and Conduct
Adjustment Disorder with Anxious Mood
Adjustment Disorder with Mixed Emotional Features
Adjustment Disorder with Atypical Features
Dysthymic Disorder
Separation Anxiety Disorder
Enuresis
Conduct Disorder - undersocialized, aggressive
Conduct Disorder - undersocialized, non-aggressive
Conduct Disorder - socialized, aggressive
Conduct Disorder - socialized, non-aggressive
Conduct Disorder - atypical

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Intake Secretary (Barb Donaldson)
Address: Child and Adolescent Psychiatry
Intake
FE 329, C.S.B.
Health Sciences Centre
840 Sherbrook Street
Winnipeg, Manitoba
R3A 1S1
Phone number: 787-3873

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Name of patient, date of birth, address, postal code and phone number. Names of parents/guardians, address, postal code and phone number. Name of referral source, address, postal code and phone number.

4.2.2 Description of intake process:

Subsequent to obtaining the above information, a parent questionnaire is forwarded to the parent/guardian. Once this questionnaire is returned with signed authorization for release of information, a medical questionnaire and school questionnaire are sent out. When all information has been obtained, the referral is reviewed at a weekly intake meeting.

4.2.3 Programme admission/exclusion criteria:

Any children between the ages of 0 - 18 with psychiatric symptomatology will be seen, with the exception of severe mental retardation, and patients who have legal charges pending. In the latter case, the patient will be seen once charges have been disposed of. Also there must be a family or an agency that supports and provides for the child.

4.2.4 Average waiting time from time of intake to first direct contact:

Varies from 3 days to 6 months, depending on the urgency of case and availability of case managers.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

1 - 2 weeks

1.0 Programme Name:

INFANT AND YOUNG CHILD PROGRAMME

2.0 Programme Description:

2.1 General description:

This programme is a collaborative one between the Health Sciences Centre Section of Child and Adolescent Psychiatry (OPD Team I), and the Departments of Neonatology, Pediatrics and Communication Disorders, as well as Government Day Care Services. The programme recognizes that infants, toddlers, and preschoolers can suffer psychological conditions which seriously impact their current quality of life and compromise their future development.

2.2 Goals/intent of programme:

The goal of this programme is to identify, assess and provide treatment for those infants and children whose future development may be compromised. Those referred participate in a comprehensive assessment that provides, through a case conference by a collaborative team, recommendations and treatment follow-up to the referral source and parents. The psychiatric clinician's assessment is directed to the following concerns:

a) Emotional and Psychological well-being
b) Behavioural Adaptedness
c) Environmental Adaptedness
d) Ensuring that Development Proceeds

A variety of treatment approaches are available when indicated, and are tailored to meet the specific needs of each case.

2.3 Number of patient/client positions (capacity of programme):

2.4 Number of staff positions by discipline:

2.5 Average length of patient/client stay:

3.0 Population Served:

3.1 Total cases per year:

3.2 Age group of patient/client:

Infants, young children and their families

3.3 Ten most frequent diagnoses/psychopathologies treated:

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Mr. Tom Roche, MSW
Address: Room FE 329, Community Services Building
685 William Ave.
Winnipeg, Manitoba
Phone number: 787-2480

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Name, age, address and telephone numbers of index patient and parents, plus reasons for referral.

4.2.2 Description of intake process:

The referral source contacts Mr. Tom Roche (see section 4.1 above).

4.2.3 Programme admission/exclusion criteria:

Index patient must be between 1 and 6 years of age. Pregnant mothers may also be referred.

4.2.4 Average waiting time from time of intake to first direct contact:

Patients are contacted within 1 week

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

There is no waiting period

II. WITHIN ADULT PSYCHIATRY SERVICES

Some adult psychiatry services see children and/or adolescents as part of their overall service mandate, as described briefly below. However, none of these services have been specifically designed to service children or adolescents. They are seen within the adult psychiatry system in one of three ways:

1) An older adolescent may be a patient of a General Hospital or Women's Hospital medical department, such as Adult Emergency , Medicine, Surgery, Obstetrics, etc. When indicated, these departments then consult with the appropriate adult psychiatric service. The adult psychiatric consultant then sees the adolescent and may then refer the adolescent to an adult psychiatric service, predominantly an inpatient unit or STAT unit.

2) The patient may be referred to a specific adult psychiatry programme such as the Eating Disorders Programme whose admission criteria are based more on diagnostic than age considerations.

3) The child or adolescent may be seen in Family Therapy in the Adult Outpatient Department. In this case, the identified patient is an adult family member, usually a parent.

Because the adult psychiatry programmes have not been specifically designed to service children or adolescents, inventory questions are not answerable, either because they are not applicable, or because statistical information is not readily available.

MANITOBA ADOLESCENT TREATMENT CENTRE
INVENTORY OF SERVICES

The Manitoba Adolescent Treatment Centre (MATC) is a community based facility that provides treatment, professional education, and community development.

MATC provides psychiatric treatment for adolescents in: A) Long-Term Residential Programmes, B) Day Treatment, C) Short-Term/Acute, D) Respite Unit Programme, E) Community Follow-Up and F) Consultation.

Comprehensive programming is provided by a multidisciplinary staff component of approximately 100 employees.

1.0 Programme Name:

A) LONG-TERM RESIDENTIAL PROGRAMME AND DAY TREATMENT PROGRAMME

2.0 Programme Description:

2.1 General description:

The Long-Term Residential and Day Treatment Programme offer a therapeutic milieu to adolescents with severe psychiatric disturbances who require a 24 hour a day, or day-time treatment programme.

2.2 Goals/intent of programme:

To provide a continuum of treatment services to adolescents with severe psychiatric disturbances in cooperation with the community resource network.

2.3 Number of patient/client positions (capacity of programme):

16 long term beds in the Residential Programme and 30 positions in the Day Treatment Programme.

2.4 Number of staff positions by discipline:

Sessional Psychiatrists
Sessional Psychologists
Community Mental Health Workers
Occupational Therapists
Occupational Therapists Aides
Day Treatment Workers
Unit Coordinators
Nurses
Treatment Workers

Teachers and Teacher's Aides
(through Montcalm School Winnipeg School Division No. 1)

2.5 Average length of patient/client stay:

Average length of stay three to six months.

3.0 Population Served:

3.1 Total cases per year:

Approximately 120

3.2 Age group of patient/client:

12 - 18 years, with an average age of 15 years.

3.3 Ten most frequent diagnoses/psychopathologies treated:

Schizophrenic Disorder
Depression/Suicidal
Personality Disorder
Learning Disability
Adjustment Disorder
Tourette Syndrome
Dysthymic Disorder
Child Abuse
Parent/Child Problems

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Liaison and Admissions Coordinator
Address: 120 Tecumseh St.
Winnipeg, Manitoba, R3E 2A9
Phone number: 477-6391

Referrals from rural and northern Manitoba are ideally channeled through the regional worker with Child and Adolescent Mental Health Services (see page 7).

Referrals can be made directly to the Liaison and Admissions Coordinator.

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Referrals should include where possible, a comprehensive data base and psychiatric assessment, as outlined on the referral forms obtainable from the Liaison and Admissions Coordinator.

4.2.2 Description of intake process:

Once a complete referral form is submitted, a multi-disciplinary committee will review all appropriate referrals and prioritize admissionson the basis of:

a) severity of presenting problems
b) availability of appropriate community resources, and,
c) current complement of residents.

Notification of the committee's decision will be given within one week of the meeting.

4.2.3 Programme admission/exclusion criteria:

If the referral source wishes to appeal the Screening and Prioritization Committee decision, they must contact the Liaison and Admissions Coordinator and request to attend the next Screening and Prioritization Meeting where they are welcome to discuss their concerns.

4.2.4 Average waiting time from time of intake to first direct contact:

Depending on availability of bed or space.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Once the adolescent has been accepted into the programme, s/he will participate in an assessment period (approximately 3 weeks) to determine the client's needs for M.A.T.C.'s programme.

Prior to, or on the day of admission, a conference will be scheduled to plan and prepare for the adolescent's entry into the programme. This conference will include staff, the adolescent, family, referral source, and relevant community professionals.

1.0 Programme Name:

B) SHORT-TERM/ACUTE/RESPITE PROGRAMMES

2.0 Programme Description:

2.1 General description:

The Short-Term Unit offers a therapeutic milieu to adolescents who have been pre-screened and medically cleared and who require acute psychiatric intervention and/or assessment. It also accommodates adolescents who were previously in the Residential Programme and Day Treatment Programme and who require acute psychiatric intervention or respite services.

2.2 Goals/intent of programme:

To provide short-term treatment to adolescents in acute episodes of a psychiatric nature, in cooperation with the community resource network.

2.3 Number of patient/client positions (capacity of programme):

9 short-term beds.

2.4 Number of staff positions by discipline:

A multi-disciplinary team provides individual programming for all clients in MATC. The Short-Term Unit's team consists of a psychiatrist, psychologist, C.M.H.W. (A)s, Bridging/Assessment teachers through Montcalm School, Occupational Therapists as needed, Nurses, and Treatment Workers.

2.5 Average length of patient/client stay:

3 weeks

3.0 Population Served:

3.1 Total cases per year:

approximately 100

3.2 Age group of patient/client:

12 -18 years, average age of 15 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Dysthymic Disorder
Depressive/Suicidal
Child Abuse
Schizophrenic Disorder
Personality Disorder
Adjustment Disorder
Conduct Disorder
Parent Child Problems
Learning Disability
Other presenting problems may require assessment or respite services.

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Liaison and Admissions Coordinator
Address: 120 Tecumseh St.
Winnipeg, Manitoba, R3E 2A9
Phone number: 477-6391

Referrals can be made directly by the family of the adolescent requiring treatment, or through a professional in the community.

4.2 Intake Process:

Please refer to Section 4.0 of the Long-Term Treatment Programme and Day Treatment Programme (page 28 + 29).

1.0 Programme Name:

C) COMMUNITY FOLLOW-UP

2.0 Programme Description:

2.1 General description:

All clients who are involved with the Manitoba Adolescent Treatment Centre Residential, Day Treatment, and Short-Term Unit are transferred into Community Follow-Up. Community Follow-Up is a support service provided by designated members of the treatment team until necessary, i.e., other supports in the community are secured.

2.2 Goals/intent of programme

To provide support, therapy, and assist with the client reintegration into the community.

1.0 Programme Name:

D) CONSULTATION

2.0 Programme Description:

2.1 General description:

Consultation services are provided on a limited basis to agencies, schools and parents, on psychiatric adolescent issues.

2.2 Goals/intent of programme:

To facilitate the development of an adequate resource base for adolescents who are psychiatrically disturbed in Manitoba. Also, to promote public awareness and understanding of issues in adolescent mental health.

PRIVATE PRACTICE PSYCHIATRISTS (WINNIPEG)

Currently there are approximately 19 psychiatrists who are known as having a private practice in which some of the identified patients are children and adolescents.

Referrals can usually be made to the Psychiatrists directly (consult the telephone directory) or via family doctors, and other child/adolescent agencies and services.

There are usually waiting lists to access these services.

Approximately 1000 children and adolescents are seen by these Psychiatrists in their private practice per year.

ST. BONIFACE GENERAL HOSPITAL
INVENTORY OF SERVICES

1.0 Programme Name:

ADOLESCENT INPATIENT ASSESSMENT UNIT

2.0 Programme Description:

2.1 General description:

This service for male and female adolescents is an intermediate care facility providing assessment, treatment and post-discharge treatment recommendations to referring agencies. Follow-up, Day Hospital and Outpatient services, reflecting a continuum of care, are also an essential part of the programme.

2.2 Goals/intent of programme:

The service has a family/child/community orientation. We believe this orientation leads to the most effective service delivery model for adolescents. It is our belief the adolescent must not be treated in isolation from family and home community.

2.3 Number of patient/client positions (capacity of programme):

7 beds for male/female adolescents

2.4 Number of staff positions by discipline:

24 hour care by nurses supported by multidisciplinary staff

2.5 Average length of patient/client stay:

8 - 12 weeks

3.0 Population Served:

3.1 Total cases per year:

22 - 26

3.2 Age group of patient/client:

13 -17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Affective Disorders
Psychotic Disorders
Identity Disorders
Anxiety Disorders
Eating Disorders

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Intake Secretary
Address: 409 Tache Ave.
Winnipeg, MB.
R2H 2A6
Phone number: 237-2690

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Child/Adolescents name, birth date, address, and phone number. Also provide source of referral, name of contact person, address and phone number of contact person.

The Intake Secretary will send out a referral form.

4.2.2 Description of intake process:

4.2.3 Programme admission/exclusion criteria:

4.2.4 Average waiting time from time of intake to first direct contact:

The average waiting list for the Adolescent Inpatient Assessment Unit is 6 - 8 weeks from initial contact to point of entry.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

1.0 Programme Name:

ADOLESCENT DAY HOSPITAL PROGRAMME

2.0 Programme Description:

2.1 General description:

The Adolescent Day Hospital provides intensive therapeutic and educational programming for adolescents while maintaining them in the community.

2.2 Goals/intent of programme:

Refer to Adolescent Inpatient Assessment Unit.

2.3 Number of patient/client positions (capacity of programme):

8 adolescents

2.4 Number of staff positions by discipline:

Occupational Therapist	Part-time
Nurse	Part-time
Teacher	Part-time
Social Worker	Part-time
Psychologist	Part-time
Psychiatric Consultant	Part-time

2.5 Average length of patient/client stay:

12 months

3.0 Population Served:

3.1 Total cases per year:

18 - 20

3.2 Age group of patient/client:

15 - 17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Anxiety Disorders
Conduct Disorders
Dysthymic Disorders and other Affective Disorders
Personality Disorders in which there are environmental supports and internal recognition of stress
Psychotic Disorders, in the resolving phase
Adjustment Disorders, including physical or sexual abuse
Eating Disorders
Identity Disorders

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Refer to Adolescent Inpatient Assessment Unit.

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Refer to Adolescent Inpatient Assessment Unit.

4.2.2 Description of intake process:

Refer to Adolescent Inpatient Assessment Unit.

4.2.3 Programme admission/exclusion criteria:

4.2.4 Average waiting time from time of intake to first direct contact:

The average waiting list for the Adolescent Day Hospital Programme is one month from initial contact to point of entry.

4.2.5 The average waiting period between completion of assessment to the beginning of treatment:

1.0 Programme Name:

ST. BONIFACE GENERAL HOSPITAL ADOLESCENT CRISIS CARE

2.0 Programme Description:

M2 Service to the Adolescent Day Hospital and Outpatient Programs.

2.1 General description:

Adolescent crisis admission in an acute adult inpatient unit.

2.2 Goals/intent of programme:

To provide short-term emergency inpatient care and crisis intervention for adolescents currently enrolled in the day hospital and outpatient programmes at St. Boniface General Hospital.

3.0 Population Served:

Adolescents in crisis currently enrolled in the adolescents day hospital and outpatient programs.

4.0 Referral Process:

Patients in crisis referred to M2 psychiatrists by clinicians servicing the adolescent day hospital and outpatient programs.

1.0 Programme Name:

CHILD AND ADOLESCENT PSYCHIATRY OUTPATIENT DEPARTMENT

2.0 Programme Description:

2.1 General description:

The St. Boniface General Hospital Child and Adolescent Outpatient Department provides children and their families with outpatient assessment and treatment by a multidisciplinary staff.

2.2 Goals/intent of programme:

The goal of the programme is to enhance individual and family functioning in their own sociocultural setting and thereby prevent any further disruption in their lives.

2.3 Number of patient/client positions (capacity of programme):

N/A

2.4 Staff positions by discipline:

Psychiatrist	Part-time
Social Worker	Part-time
Psychologist	Part-time
Occupational Therapist	Part-time

2.5 Average length of patient/client stay:

Duration of treatment ranges from a few weeks to several months.

3.0 Population Served:

3.1 Total cases per year:

3.2 Age group of patient/client:

1 - 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Parent-Child Problems
Conduct Disorders
Identity Disorders
Anxiety Disorders
Sexual Abuse
Tourette Syndrome

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Intake Secretary
Address: M-1 South, McEwen Building
Department of Psychiatry
St. Boniface Hospital
409 Tache Ave.
Winnipeg, MB.
R2H 2A6
Phone number: 237-2690

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

After initial contact with the intake secretary a brief questionnaire is mailed to the referral source.

4.2.2 Description of intake process:

Following the receipt of the informational questionnaire an appointment will be arranged for the child, family and any other relevant individual to attend an intake interview.

4.2.3 Programme admission/exclusion criteria:

Adolescents accepted for assessment should have no legal charges pending and be sufficiently stable to make use of outpatient services.

4.2.4 Average waiting time from time of intake to first direct contact:

The average wait prior to direct contact is in the order of several weeks.

4.2.5 The average waiting period between completion of assessment to the beginning of treatment:

In the great majority of cases treatment follows immediately upon completion of the assessment. When this is not possible it is made clear at the outset of the assessment and assistance is provided in finding treatment resources.

1.0 Programme Name:

TOURETTE SYNDROME (TS) CLINIC

2.0 Programme Description:

2.1 General description:

The Tourette Syndrome Clinic treats or assesses children, adolescents, and young adults with Tourette Syndrome.

2.2 Goals/intent of programme:

2.3 Number of patient/client positions (capacity of programme):

2.4 Number of staff positions by discipline:

Occupational Therapist	Part-time
Social Worker	Part-time
Psychologist	Part-time
Psychiatric Consultant	Part-time

2.5 Average length of patient/client stay:

Patients remain in contact with the Clinic in some capacity throughout their lives.

3.0 Population Served:

3.1 Total cases per year:

60

3.2 Age group of patient/client:

Children through to young adults

3.3 Ten most frequent diagnoses/psychopathologies treated:

Not Applicable

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Refer to Adolescent Inpatient Assessment Unit.

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Refer to Adolescent Inpatient Assessment Unit.

4.2.2 Description of intake process:

Refer to Adolescent Inpatient Assessment Unit.

4.2.3 Programme admission/exclusion criteria:

4.2.4 Average waiting time from time of intake to first direct contact:

The average waiting list for the Tourette Syndrome Clinic one month from initial contact to point of entry.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment: